ARKANSAS STATE POLICE



Concealed Handgun License Transfer Application Form

PLEASE TYPE OR PRINT LEGIBLY

| NAME: | | |
|--|---------------------------------------|------------------|
| NAME:LAST | FIRST | MIDDLE |
| PHYSICAL ADDRESS: | | |
| | (STREET) | |
| , | | , AR |
| (CITY) | (COUNTY) | (ZIP CODE) |
| MAILING ADDRESS: | | |
| | (P. O. BOX #, ETC.) | |
| | | . AR |
| (CITY) | (COUNTY) | (ZIP CODE) |
| Daytime telephone number where you c | an be contacted if we have questions | s: () |
| 3 | • | |
| ARKANSAS DRIVER'S LICENSE NUME | BER: | EXPIRATION DATE: |
| | | |
| STATE TRANSFERRING FROM: | CHL NUMBER: | EXP DATE: |
| | | |
| To the desiration to be a second as a selection of the | | VEC NO |
| In the training in your reciprocal state did yo | ou quanty with a semi-automatic handg | un? YES NO |

Instructions for Transfer of Concealed Handgun License

- 1. Send a check or money order for \$79.00 payable to the ARKANSAS STATE POLICE. (\$35.00 transfer fee, \$20.00 state background check fee and \$24.00 federal background check fee.
- 2. This completed form.
- 3. Two (2) completed Fingerprint Cards. These cards are blue lined "applicant" cards with ORI AR920570Z and are only available from an ASP Troop Headquarters (see map on website for locations), ASP State Headquarters in Little Rock or from a safety course training instructor (see listing on website).
- 4. The <u>original</u> Concealed Handgun License from the Reciprocal State. (It will be retained in our file.)

If you would like to insure delivery, you may send the packet by certified mail, return receipt requested to

ARKANSAS STATE POLICE CONCEALED HANDGUN LICENSING SECTION 1 STATE POLICE PLAZA DRIVE LITTLE ROCK, AR 72209